TRANSMITTAL OF
CLIENT FUNDS FROM THE PROTECTIVE PAYEE

Washington State Department of Social & Health Services

Transmittal Number: _____

TO: DSHS
OFFICE OF ACCOUNTING SERVICES
PO BOX 9501
OLYMPIA WA 98504-9501

PROTECTIVE PAYEE NAME		TELEPHONE NUMBER (WITH AREA CODE)
ADDRESS		
CITY	STATE	ZIP CODE

	CLIENT NAME	ACES CLIENT IDENTIFICATION NUMBER	ACES AU NUMBER	AMOUNT OF CLIENT FUNDS BEING RETURNED	PERIOD OF TIME FROM / TO	ENTER REASON CODE 1. LOSS OF CONTACT 3. INCARCERATED 2. DSHS REQUEST 4. OTHER (EXPLAIN)
1.					TO	
2.					TO	
3.					TO	
4.					TO	
5.					TO	
6.					TO	
7.					TO	
8.					TO	
9.					TO	
10.					TO	

TOTAL AMOUNT TRANSMITTED

I certify that the inforamtion is correct and
check number _____ for the total amount is attached.

PROTECTIVE PAYEE'S SIGNATURE	DATE

RECEIVED BY: NAME | DATE RECEIVED

CRJ and Line Number: _____

COPIES TO: Office of Accounting Services; CSO; Protective Payee's Files

How to Complete and Use TRANSMITTAL OF CLIENT FUNDS FROM THE PROTECTIVE PAYEE, DSHS 01-210

1. Use one form per CSO.

2. Transmittal number is for your use in tracking individual transactions.

3. Complete the Agency/company/your name and address.

4. Use one line for each client that you are returning funds for.

5. Complete each column. Period of time is the months of grant received being returned. Enter the number code for why the money is being returned. If 4 is selected then explain the reason for the return. The total amount transmitted is the total of all the client's money being returned.

6. In the space after check number enter the number of your check. The amount on your check should match the Total Amount Transmitted.

7. Sign and date the form.

8. Mail the top copy of the form and your check to address on the front of the form.

9. Mail one copy to the CSO.

10. File a copy in your files